



Hale Mauiola Quarterly Snapshot

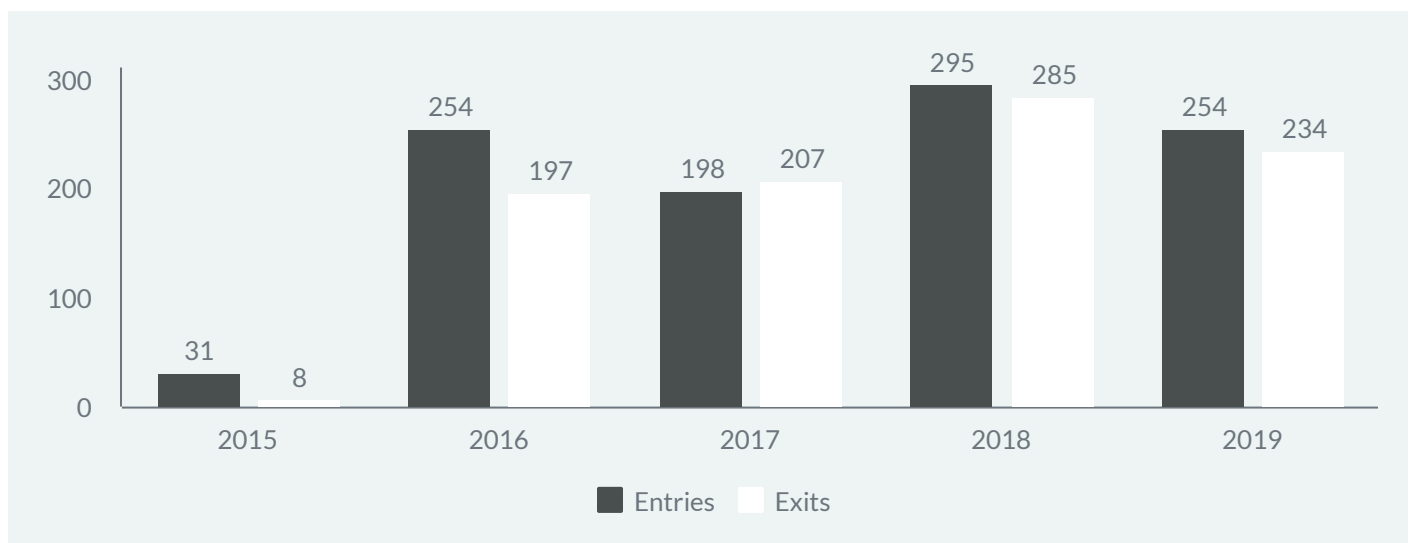
December 2019

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This snapshot provides program and baseline client data through October 31, 2019 for the Hale Mauiola Emergency Shelter program (HMO). The first section summarizes program data from the beginning of the program in 2015 through October 31, 2019. Next, we zoom in on the evaluation period May 1 - October 31, 2019. We present findings collected from program and client baseline survey data.

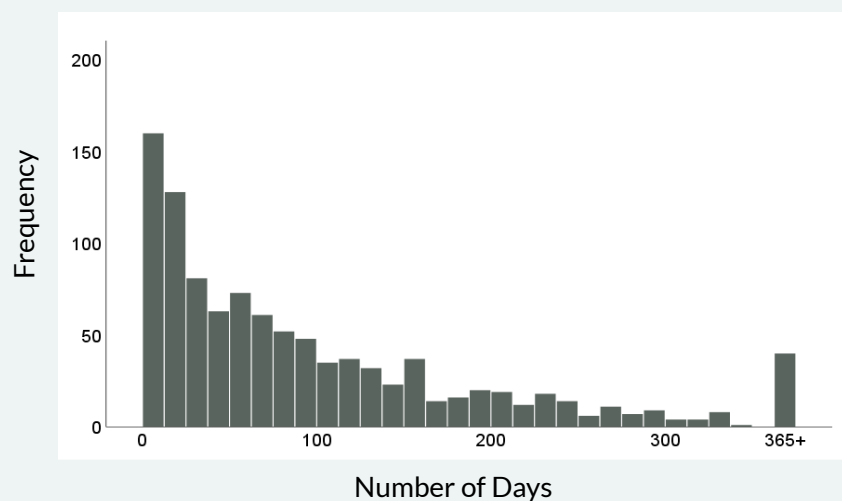
Intakes & Exits by Year Jan. 2015 - Oct. 2019

Between January, 2015 and October, 2019, 1,032 entries and 931 exits have occurred.



Length of Stay in Days Jan. 2015 - Oct. 2019

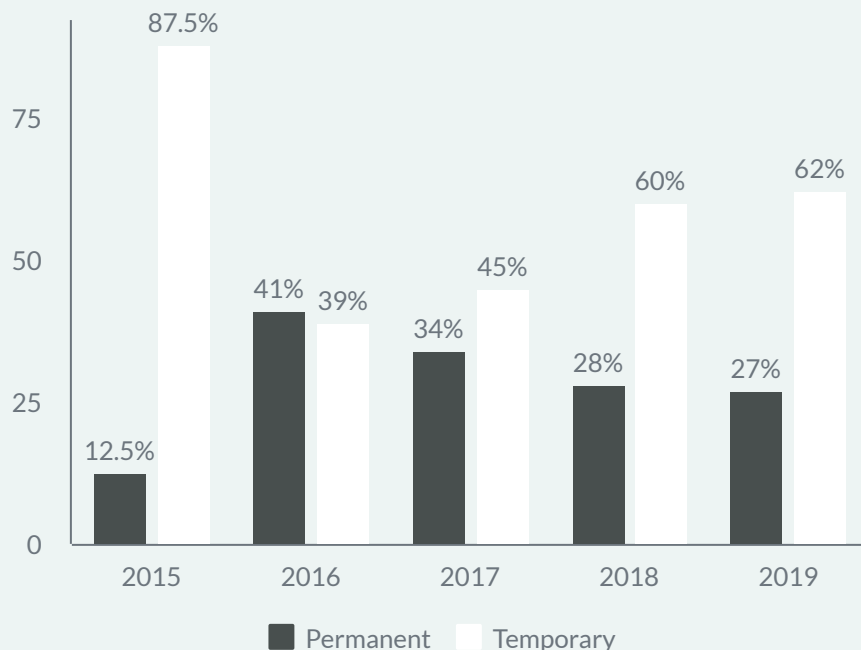
The average length of stay was 99.48 days (median = 64 days) for all entries into HMO between January 1, 2015 and October 31, 2019.



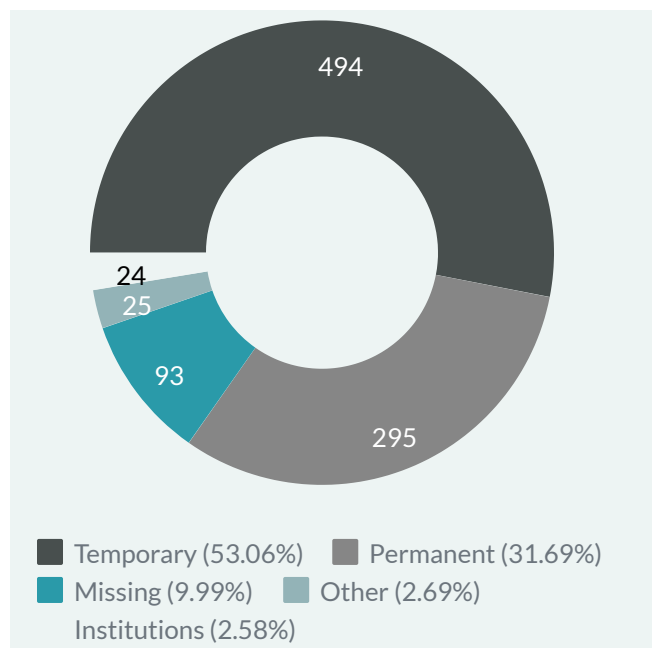
Since 2015, there have been 931 exits from HMO

The majority of these exits have been to temporary locations (e.g., shelters, places not meant for habitation, or living with family/friends). Of these exits, the majority have exited to the streets.

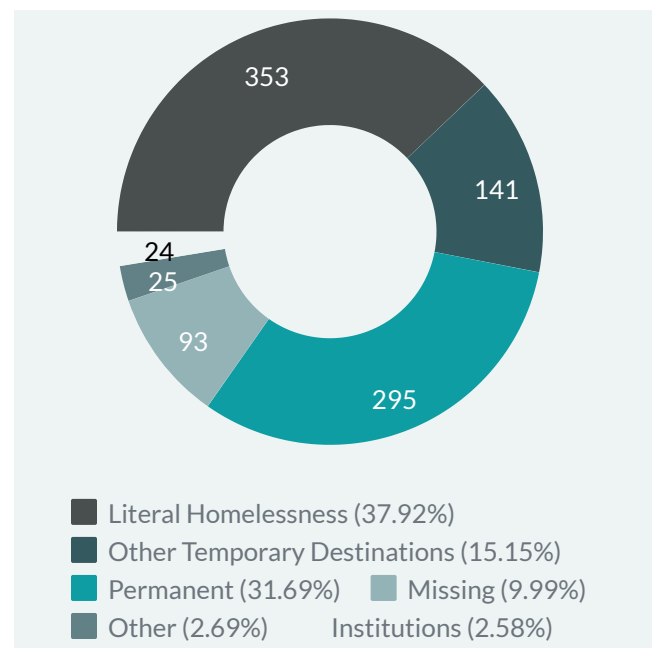
Almost a third of exited clients have exited to permanent housing locations, with 2016 seeing the highest percentage of exited clients entering permanent housing.



Exit Destinations (N=931)



Exits to Literal Homelessness



NO INCOME - At Entry



30%
earned \$0

At program entry (n=313; missing data on 174 clients).

AVERAGE INCOME - At Entry



\$617.93

Based on 549 clients who reported income at entry. Includes both earned income and benefits.

Entries & Exits



From May 1 through October 31, 2019, 245 people have received HMO services, resulting in 246 entries into HMO (1 person entered twice).

The most entries and exits occurred in October 2019.

July experienced more exits than entries, while this trend was reversed in August.

The majority of client referrals have been from Homeless Service Agencies (57%).

Approximately 20% of referrals were self referrals.

Referrals from government agencies and criminal justice referrals (e.g., sweeps) comprised about 5% of referrals respectively.

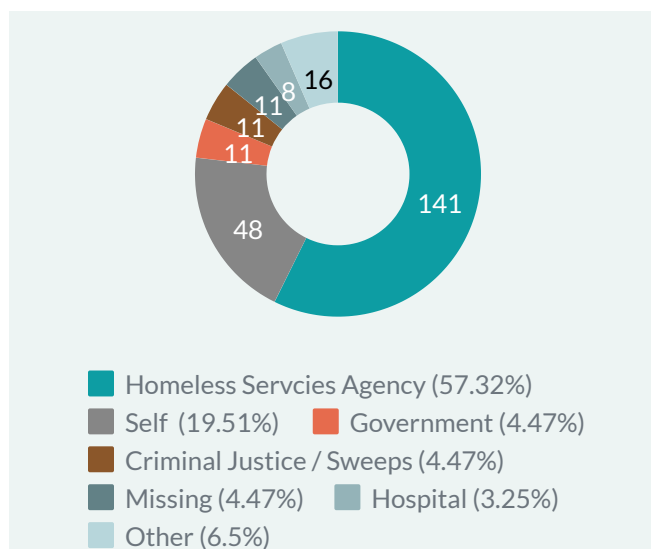
145 exits occurred between May and October, 2019

101 people were enrolled as of October 31, 2019.

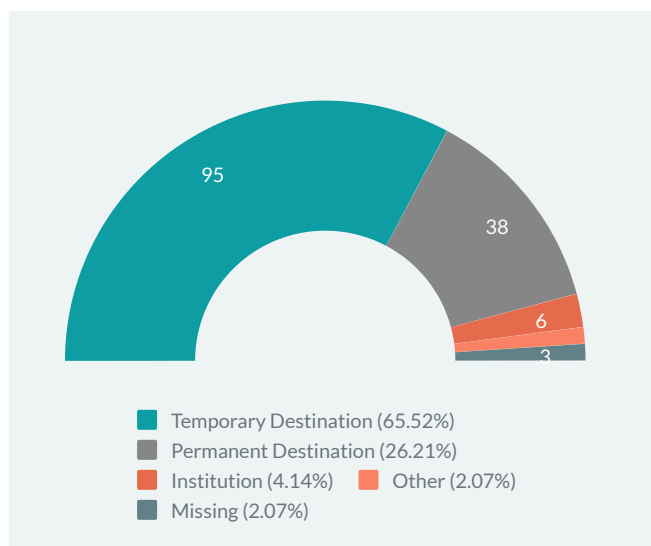
The majority of clients have exited to temporary destinations (e.g., shelters or living with friends/family).

A quarter of clients have exited to permanent housing.

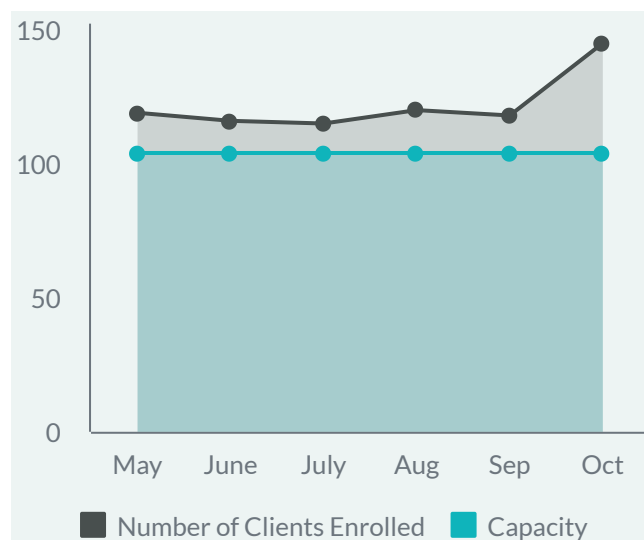
Referrals (N=246)



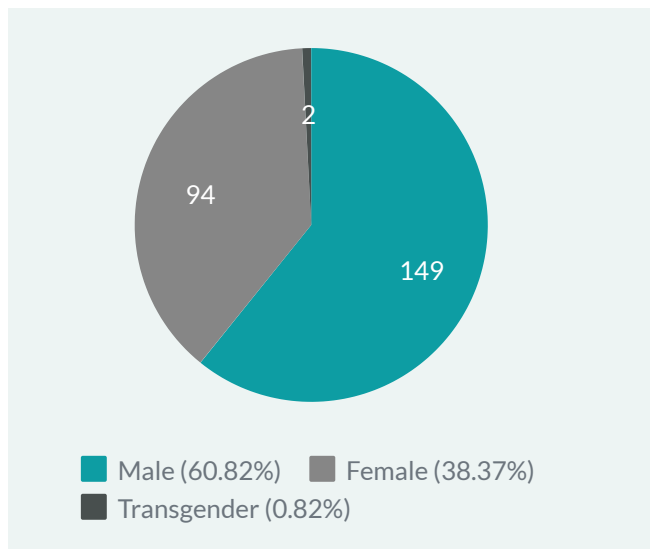
Exit Destinations (n=145)



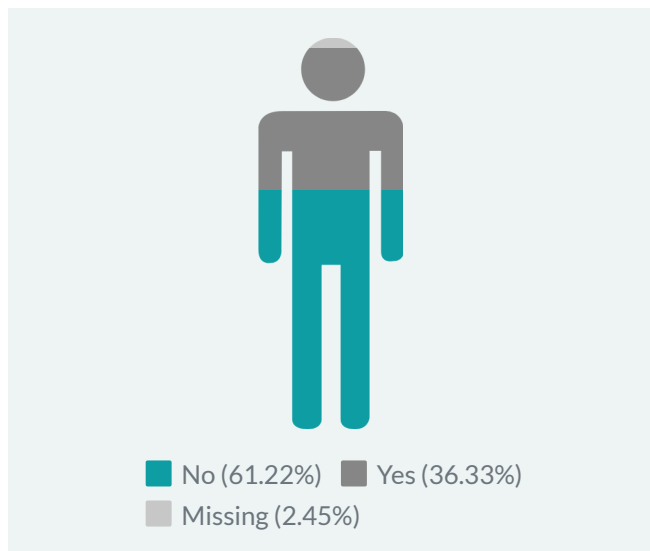
Capacity 2019



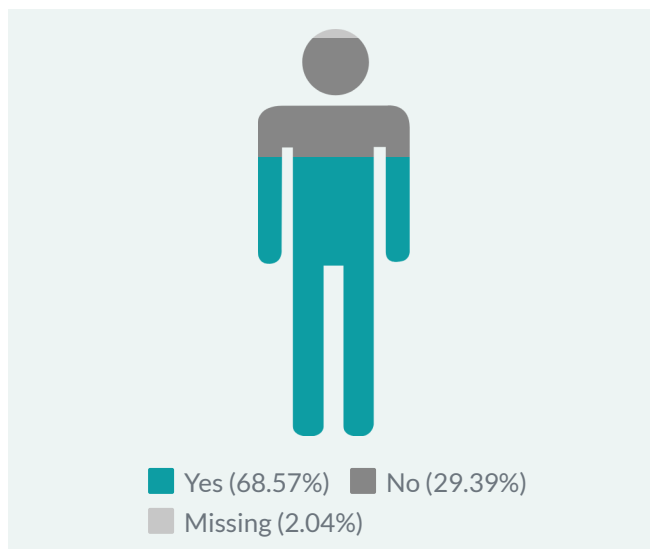
2019 Client Gender



Chronic Homelessness



Disabling Condition Y/N



2019 Client Race

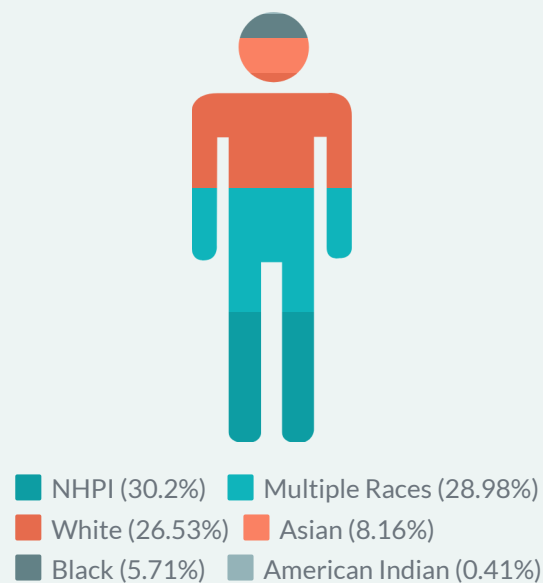
Native Hawaiian or Other Pacific Islanders represent the largest racial group (30%). However, when considering race in combination, NHPis make up the majority of HMO clients (53%). Notably 40% identify as Native Hawaiian.

40%

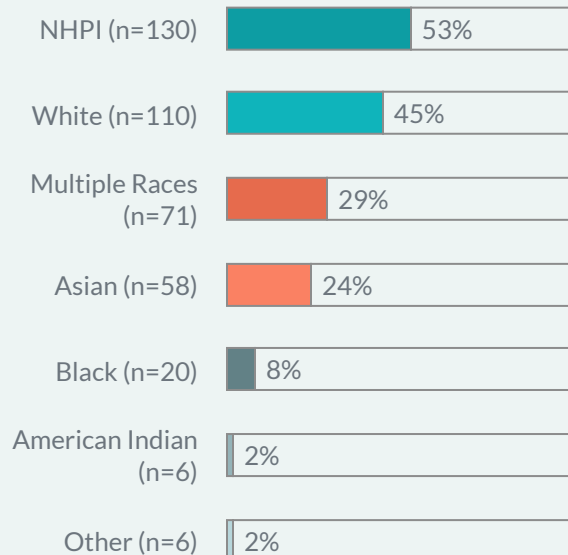
Native Hawaiian

99 of 245 clients identified as Native Hawaiian

Client Racial Percentages using HUD Defined Categories (N=245)



Client Racial Percentages, One or in Combination (N=245)



HMAT Data

At Baseline

This section reports on results from the Housing Mauiola Assessment Tool (HMAT) collected at baseline between May 1 and October 31, 2019. Currently, 16 HMATs have been collected for HMO clients within the first month of stay. This section summarizes data on health-related quality of life, stress, satisfaction with life, housing preferences, readiness to change, employments status, and service use and needs.

It is important to note that because this data represents only a small number of clients, this information is not generalizable to the entire client population. Additionally, this data is baseline and thus, **does not reflect program impact**.

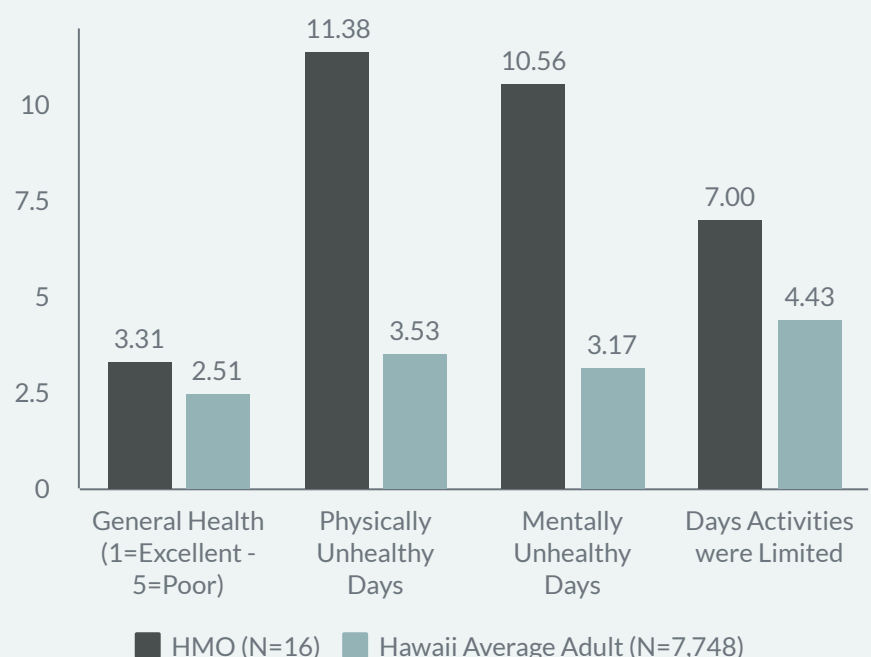
Health-related Quality of Life

Baseline Data

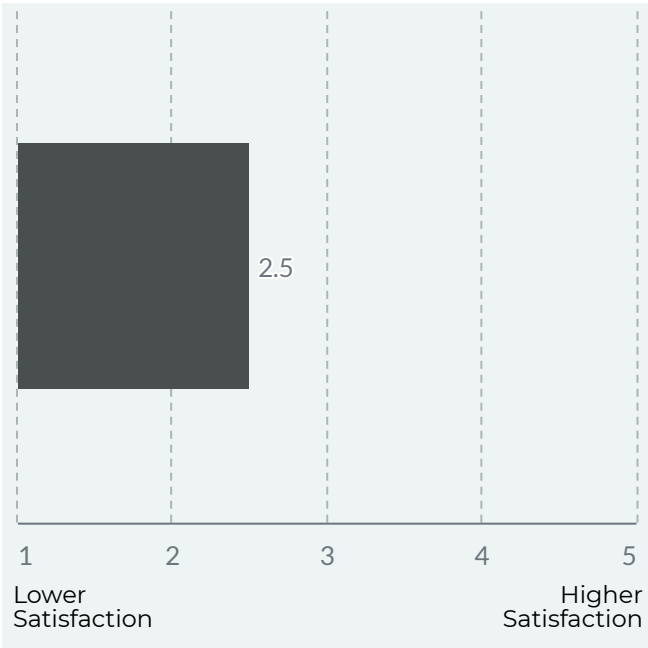
Healthy Days Measures: HMO Clients Compared to Average Adult in Hawai'i (HI)

At baseline, surveyed HMO clients have worse mental and physical health than the average HI adult.

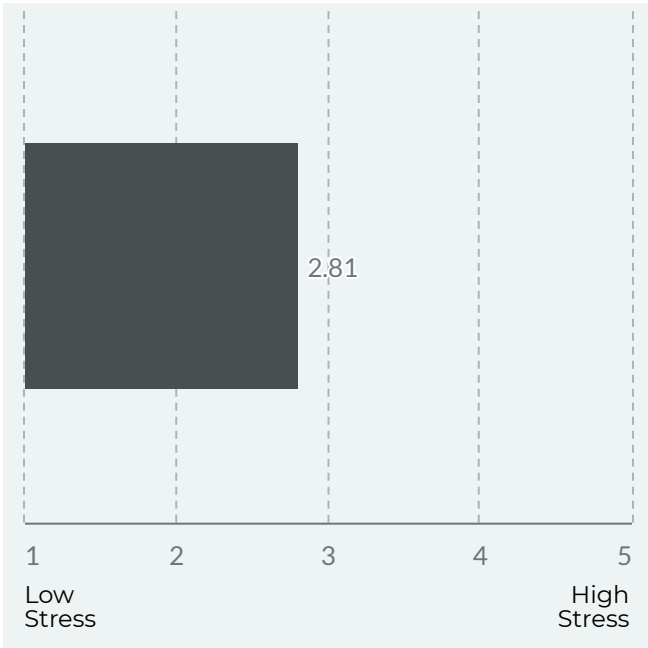
Most notably, mentally and physically unhealthy days were more than triple the number of unhealthy days reported by the average adult in HI.



Satisfaction with Life (N=16)

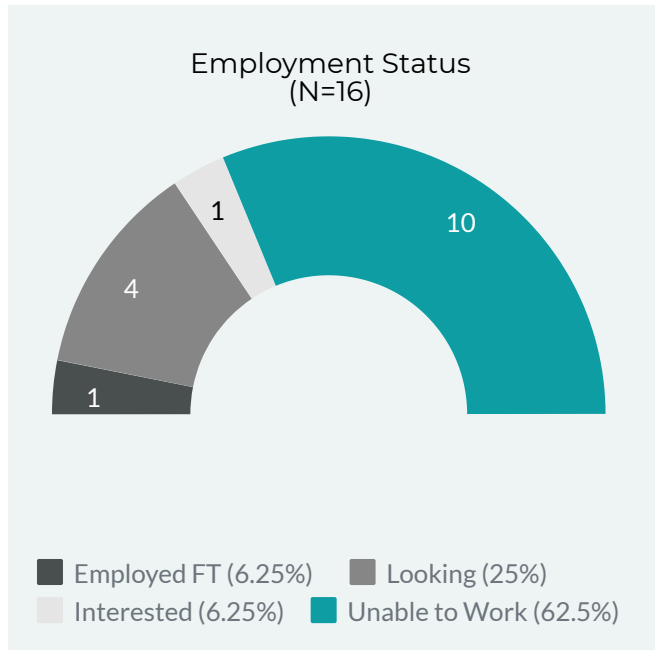


Perceived Stress (N=16)



Surveyed clients at baseline reported a relatively low satisfaction with life and low stress.


Employment & Income




The majority of all HMO clients who entered from May - October had no earned income at entry (91%).

The majority of surveyed clients reported being unable to work at intake (63%).

However, a quarter of surveyed clients was actively looking for work at intake.




Average Total Income (N=245)



\$520.07

37% earned \$0 (n=91)

Average Earned Income (N=245)



\$124.88

91% earned \$0 (n=224)

Readiness to Change

The survey assesses clients' readiness to change on a variety of indicators related to alcohol use, drug use, housing status, and employment status. None of the surveyed clients indicated feeling a need to make changes with regard to their drug or alcohol use. However, 88% (n=14) indicated wanting to make a change to their housing statuses and 38% (n=6) indicated wanting to make a change in their employment status.



88%

Were ready to make a change
in Housing

(n=14)

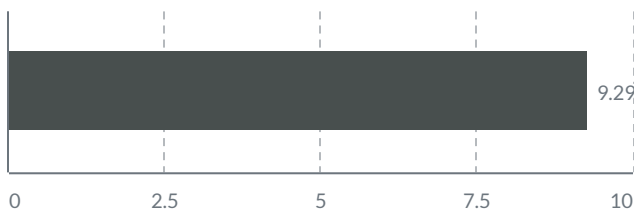


38%

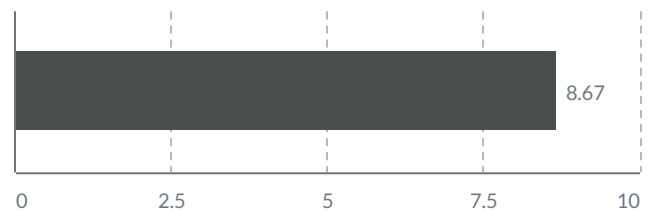
Were ready to make a change
in Employment

(n=6)

Degree to Which Client is
Ready to Change (N=14)



Degree to Which Client is
Ready to Change (N=6)

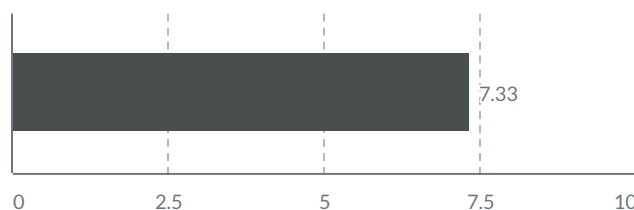


The most commonly-cited
barrier was lack of finances or
resources (n = 10)

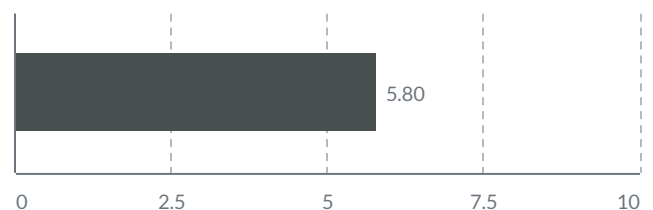


Clients
cited transportation (n=2)
and needing substance
abuse treatment (n=2) as
barriers.

Degree to Which Barrier
Prevents Wanted Change
(n=9)

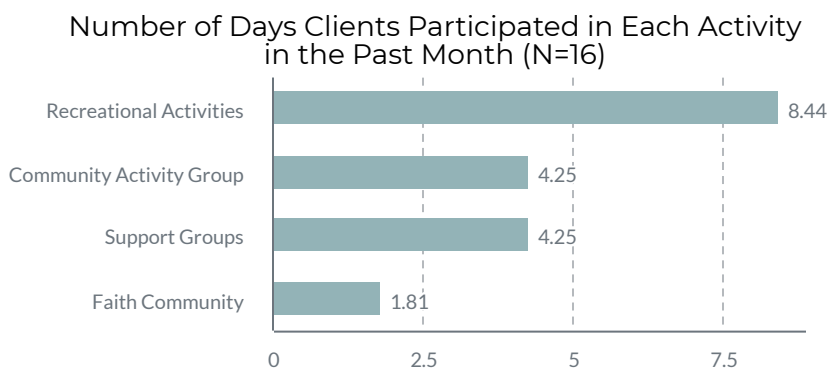


Degree to Which Barrier
Prevents Wanted Change
(n=5)



Social & Community Supports

Surveyed clients indicated having access to social support some of the time at intake. Clients were more likely to report having someone to "talk story with" and less likely to report having someone to provide tangible supports, such as helping if they were confined to a bed or to help take them to the doctor.

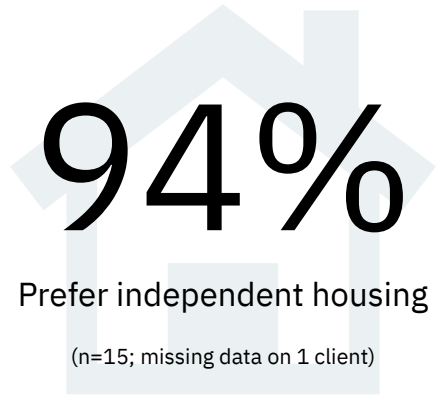


At intake, surveyed clients reported taking part in individual recreational activities on average of 8.44 days in the last month.

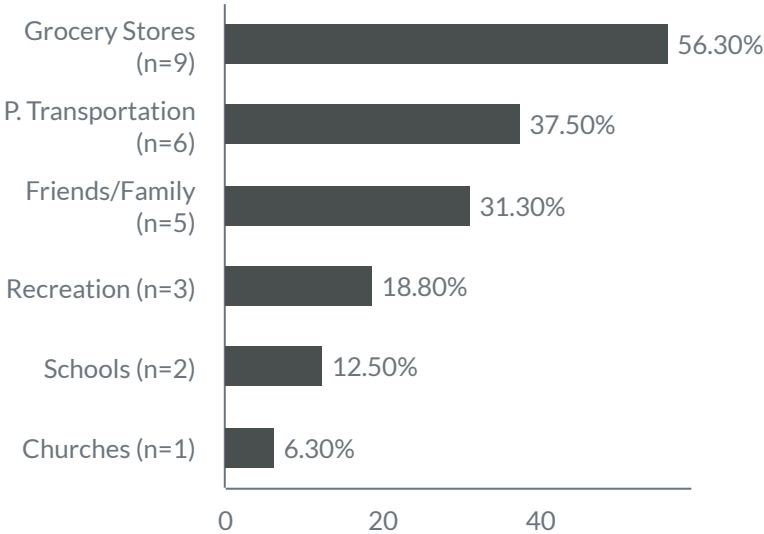
Clients reported taking part in support groups (e.g., A.A.) and community activity groups (e.g., sports, writing, etc.) an average of 4.25 days in the past month, respectively.

Housing Preferences

Most surveyed clients indicated a preference for an independent apartment close to grocery stores and public transportation.



Percent of Clients Endorsed Each Item as Important to Proximity to Housing (N=16)



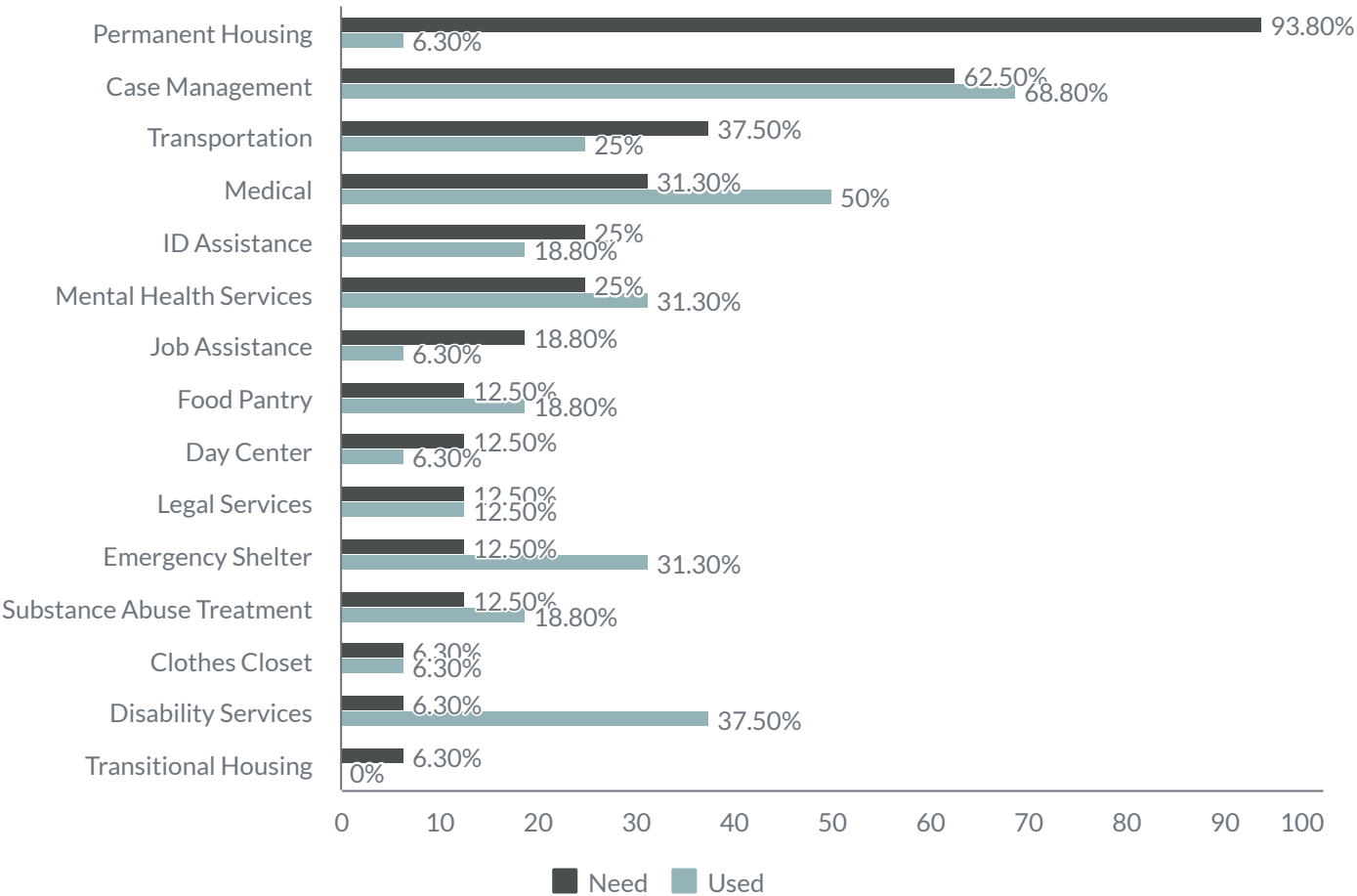
Services Used and Needed (N=16)*

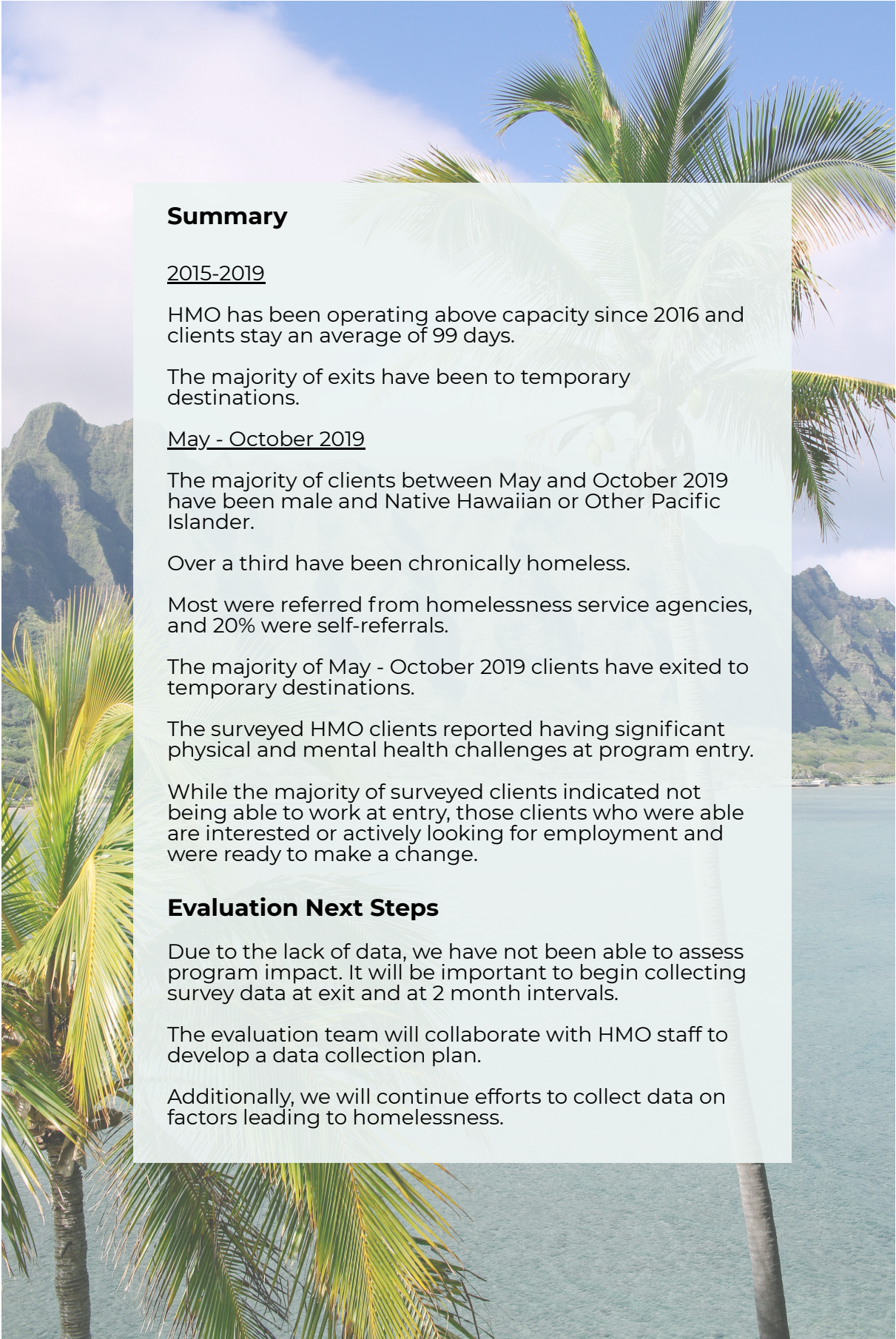
The majority of surveyed clients indicated needing permanent housing (n=15).

The majority of clients indicated both using and needing case management.

A quarter or more indicated needing ID assistance, transportation assistance, medical services, and mental health services.

*Missing data on 1 client





Summary

2015-2019

HMO has been operating above capacity since 2016 and clients stay an average of 99 days.

The majority of exits have been to temporary destinations.

May - October 2019

The majority of clients between May and October 2019 have been male and Native Hawaiian or Other Pacific Islander.

Over a third have been chronically homeless.

Most were referred from homelessness service agencies, and 20% were self-referrals.

The majority of May - October 2019 clients have exited to temporary destinations.

The surveyed HMO clients reported having significant physical and mental health challenges at program entry.

While the majority of surveyed clients indicated not being able to work at entry, those clients who were able are interested or actively looking for employment and were ready to make a change.

Evaluation Next Steps

Due to the lack of data, we have not been able to assess program impact. It will be important to begin collecting survey data at exit and at 2 month intervals.

The evaluation team will collaborate with HMO staff to develop a data collection plan.

Additionally, we will continue efforts to collect data on factors leading to homelessness.